

APPENDIX A1

HOMELESS FAMILY SOLUTIONS SYSTEM SERVICES (RFP)

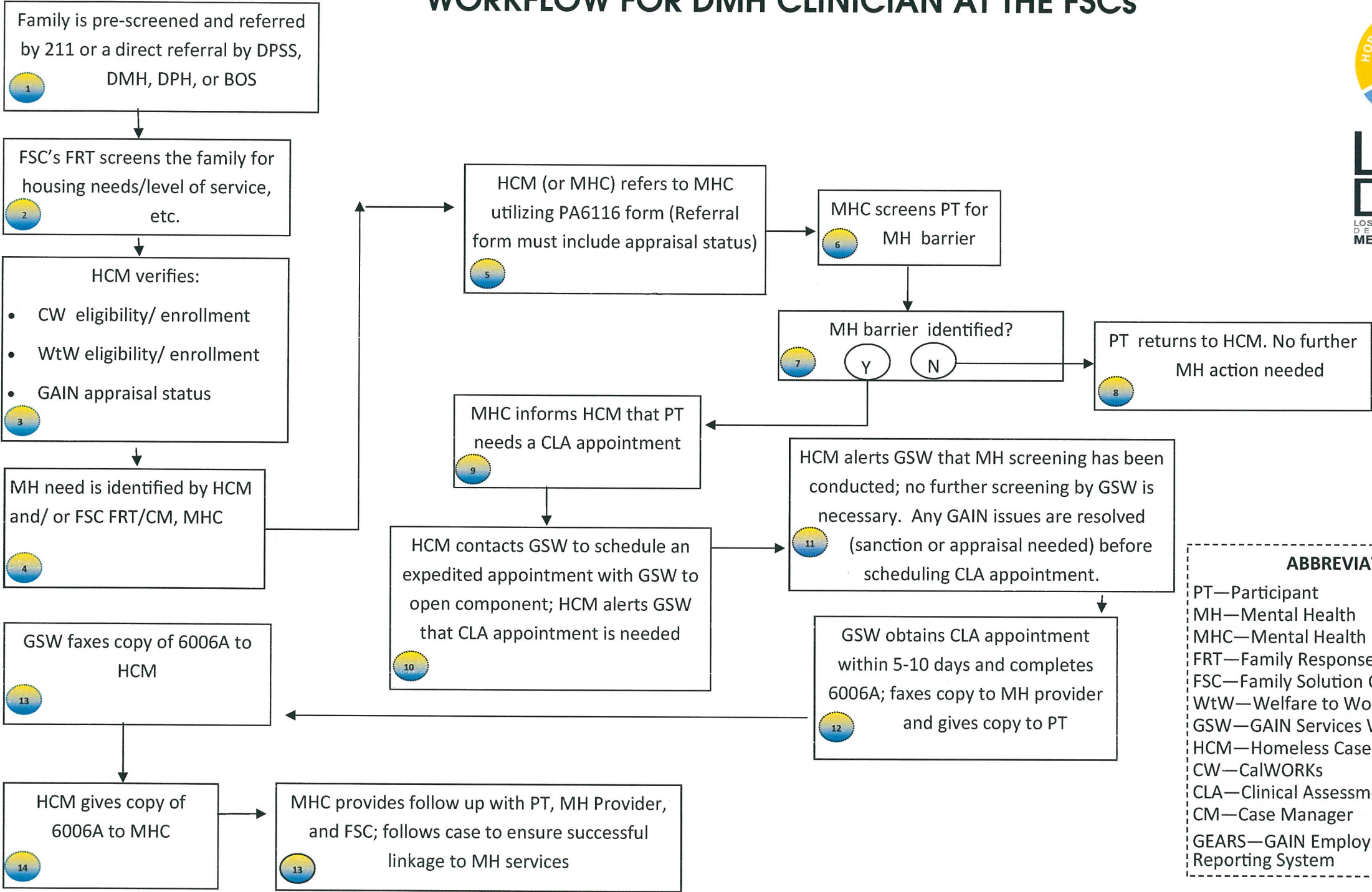
STATEMENT OF WORK EXHIBITS

LIST OF ACRONYMS
TERMS AND DEFINITIONS

REFER TO
CALWORKS RFP,
APPENDIX B1, SOW EXHIBITS,
EXHIBIT 1



WORKFLOW FOR DMH CLINICIAN AT THE FSCs



ABBREVIATIONS

PT—Participant
MH—Mental Health
MHC—Mental Health Clinician
FRT—Family Response Team
FSC—Family Solution Center
WtW—Welfare to Work
GSW—GAIN Services Worker
HCM—Homeless Case Manager
CW—CalWORKs
CLA—Clinical Assessment
CM—Case Manager
GEARS—GAIN Employment Activity and Reporting System

DMH PROVIDER DIRECTORY BY SERVICE AREA

<http://psbqi.dmh.lacounty.gov/providerdirectory.htm>

HFSS Clinician: _____

Date: _____

Agency/Site: _____ Service Area: _____

Department of Mental Health
Homeless Family Soulution System

EXHIBIT 4

HFSS DAILY ACTIVITY LOG

| Participant's Name | DPSS Case-Number | Services/Referral/Disposition |
|--------------------|------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Homeless Family Solution System

Training and Consultation Log

Agency: _____ Service Area: _____ FSC: _____

Service Month: _____ Mental Health Clinician: _____

Please document consultations and trainings provided to members of the FSC team and community service providers during the service month.

Fax this form monthly to CalWORKs Administration at 213-738-4979 or send via secure email to CEsparza@dmh.lacounty.gov.

[illegible]

| PERFORMANCE REQUIREMENTS | METHOD OF COLLECTION | PERFORMANCE TARGETS |
|--|--|---|
| <u>Section 2.2.e.</u> Contractor is required to submit a Daily Activity Log identifying each contact and outcome of each contact to DMH CalWORKs Administration. | DMH CalWORKs Administration will provide contractor a Daily Activity Log form to complete daily, along with a fax number to send to CalWORKs Administration. | Contractors are to submit an HFSS Daily Activity Log documenting all services provided at the FSC site. The report must be submitted via fax or secure email at the end of each work day. CalWORKs Administration will review tracking log and provide feedback to contractor, as needed. Failure to submit will result in a contract discrepancy report. |
| <u>Section 2.2.j.</u> Contractor will maintain record of all case consultation and trainings provided to members of the FSC team and community service providers. | DMH Administration will provide contractor a Consultation and Training log for contractor's use and will review consultation summaries. | Contractor will submit a monthly Consultation and Training Log to include all FSC case consultation and trainings provided to enhance FSC's outcomes. CalWORKs Administration will review tracking log and provide to the contractor, as needed. Failure to submit will result in a contract discrepancy report. |
| <u>Section 3.2.4</u> Contractor's representative to attend all service area, all-provider and FSC meetings as scheduled. | Confirmation of attendance verified on sign-in sheets identifying each contractor/staff at all scheduled meetings. | Contractors to be kept abreast of DMH and DPSS CalWORKs policies and changes. Assistance provided to facilitate contractor's compliance with contract. |



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



ROBIN KAY, Ph.D.
Acting Director
DENNIS MURATA, M.S.W.
Acting Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: Prepared: _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY PROBLEMS: _____

Signature of County Representative

Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

Signature of Contractor Representative

Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

Signature of Contractor Representative

Date

COUNTY ACTIONS: _____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date _____

Contractor Representative's Signature and Date _____